

Cudahy Health Department Annual Report 2011-2013



Public Health

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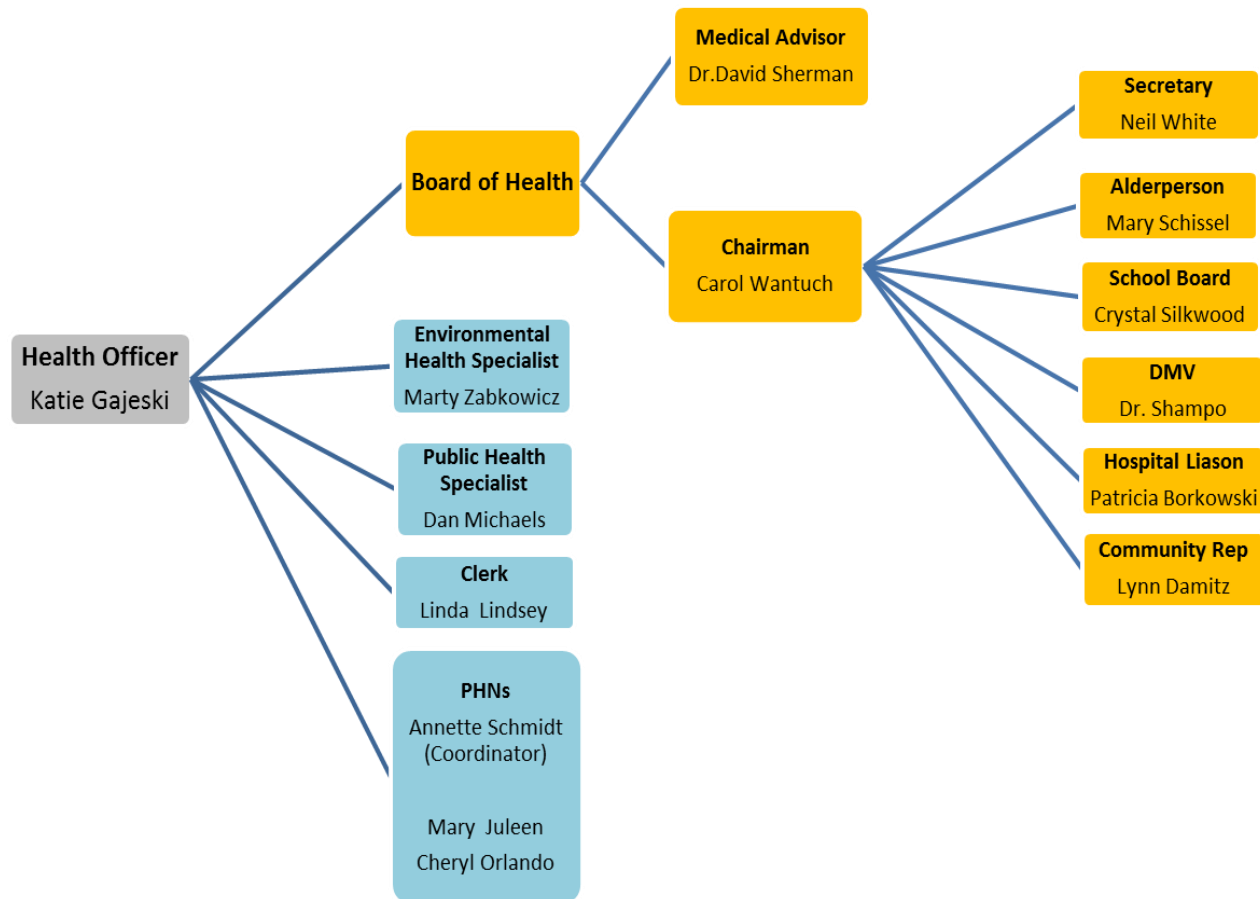
Vision Statement

We envision that all members of the Cudahy community will work together with key resources to ensure optimal health and well-being.

Mission Statement

The Cudahy Health Department's mission is to prevent illness and injury and to promote and protect the health and wellbeing of the Cudahy community.

2014 Cudahy Health Department Organization Chart



Health Officer's Report to the City of Cudahy:

Dear Cudahy Resident,

It is my pleasure to present the 2011-2013 Cudahy Health Department Annual Report, which I prepared in accordance with Wisconsin Administrative Code HS 140.04(3). I would like to thank the Mayor and Common Council for their administrative and fiscal support.

The period from 2011 through September 2014 has been one of transition. In December 2011, Carol Wantuch retired from her position as Health Officer after nearly 23 years of service with the Cudahy Health Department. Public Health Nurse Annette Schmidt served as the interim Health Officer until Kimberly Whitmore assumed the position in May, 2012. Kimberly Whitmore left earlier this year to take a position in the Wisconsin Division of Health. Darren Rausch, Health Officer for the City of Greenfield, served as the interim Health Officer. I assumed the Health Officer position on October 6, 2014.

As your Health Officer, it is my responsibility to ensure the health of all residents of the City of Cudahy as well as a healthy and safe environment for those who live, work, play, and go to school here. I take this responsibility very seriously. But, I cannot do this alone. In the coming months and years, I will be reaching out to community residents, business leaders, elected and appointed officials, and other leaders in our schools, faith community, health care organizations, community groups, and beyond. Together, I believe we can fulfill a vision of a healthy, safe, and sustainable community.

I look forward to working with you to achieve this vision.

Sincerely,

Katie M. Gajeski, MS

Health Officer
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Cudahy Health Department Highlights:

During 2011, Health Department staff reviewed and revised many of the nursing and health department policies and procedures. The Wisconsin Immunization Registry was introduced into the school system to record and monitor school immunization compliance. The Cudahy Health Department (CHD) staff was instrumental in educating school personnel on the use of this system and continues to provide ongoing guidance.

In 2012, Milwaukee county as well as the city of Cudahy saw an increase in bedbug complaints. The Cudahy Health Department responded by formulating a bed bug policy, developing an Environmental Health Services referral form, and educational brochures. A display board was created and placed in prominent community venues along with accompanying educational materials.

The Cudahy Health Department followed the care of a client with a complex active case of tuberculosis for a period of 9 months. This required daily direct observed therapy, follow-up with contacts, and an extensive nursing care management effort that involved numerous staff hours. Despite multiple medical complications, as well as health care system and social obstacles, the client successfully completed an effective course of medication therapy. The Cudahy Public Health Nurses are applauded for their high level of service to successfully treat the client and for preventing any new cases of this communicable disease in the community.

In 2013, the Wisconsin Public Health Association, Public Health Nursing Section awarded the Florence Nightingale Award for Excellence in Public Health Nursing to Annette Schmidt. Annette has worked as a Public Health Nurse for the City of Cudahy Health Department for over 17 years and exemplifies excellence in public health nursing. She is a leader among her peers and always displays a willingness to go above and beyond her job expectations to ensure that the needs of the community are met. Annette is also a leader regionally and statewide through her work with the Refugee Program. She has developed expertise in working with refugees from numerous countries of origin and is dedicated to aligning resources to help eliminate health disparities for this vulnerable group. Her work, together with other public health leaders across the state regarding Refugee Health addresses a cross cutting focus of the Healthiest Wisconsin 2020 State Strategic Public Health Plan.



Annette Schmidt, Public Health Nurse,
City of Cudahy Health Department

Lastly, The Nursing and Environmental Health staff identified a need to increase their capacity for responding to ongoing mold complaints. The staff worked collaboratively to develop a mold investigation form and additional educational materials.

Core Public Health Functions and Essential Public Health Services

By statute, Wisconsin's public health system is organized around three core functions and 10 essential services. State and local health departments in Wisconsin are required by law to make certain that three core public health functions and 10 essential public health services are available to all people in Wisconsin. Wisconsin's public health system refers to coordinated working relationships between governments, private, public and voluntary agencies, organizations, sectors, and communities. Working within this framework and collaboratively, we strive to achieve the goals of Healthiest Wisconsin 2020: Everyone Living Better, Longer.

Core Function: Assessment

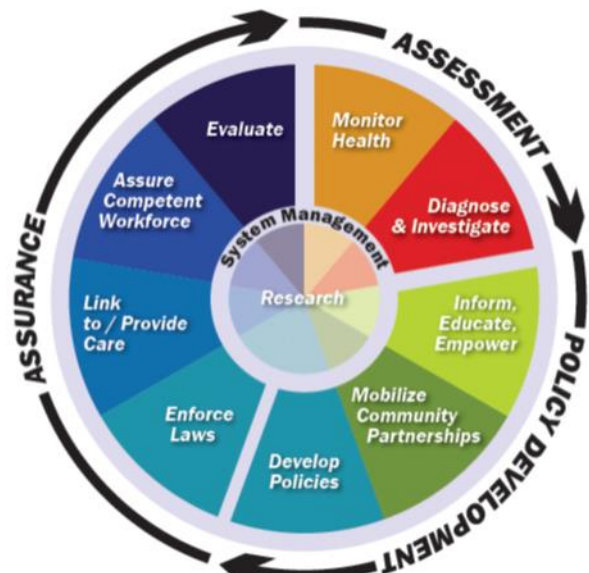
Assessment means all activities involved in community diagnosis such as disease surveillance, identifying current and emerging needs, analyzing the underlying cause of problems, collection and interpreting data, case finding, monitoring and forecasting trends, research and evaluation of outcomes

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.

Core Function: Policy Development

Policy development means the process by which communities make decisions about problems, choose goals and proper means to reach them, handle conflicting views about what should be done, and allocate resources.

3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.



CDC, 10 Essential Public Health Services
<http://www.cdc.gov/nphsp/essentialservices.html>

Core Function: Assurance

Assurance means to make certain that necessary services for a community are provided to reach agreed upon goals, either by encouraging public, private, non-profit, civic, and voluntary sector action, by requiring services directly.

6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions for health problems.

Demographics and Vital Statistics: (E.S. 1,9)

Sociodemographic indicators. Based on the U.S. Census, Cudahy had 18,267 residents in 2010. Children and elders are considered vulnerable populations. Cudahy has a similar proportion of children less than 5 years of age as Milwaukee County, Wisconsin, and the United States (U.S.), (Figure 1). However, Cudahy has a considerably larger proportion of residents 65 years of age or older compared to the county, state, and nation.

Females outlive males, in general (Census Bureau, 2010). As a result, the median age of women in Cudahy (42.0 years of age) is much greater than for males (38.6 years of age). Cudahy females are notably older (based on median age) than their counterparts locally (34.9 years of age), statewide (39.6 years of age), and nationally (38.5 years of age).

Cudahy is predominantly white (88.8%) and non-Hispanic (Figure 2). Yet, in 2010, nearly 10% of the population was Hispanic (Census Bureau, 2010; data not shown), up from 4.7% in 2000 (Census Bureau, 2000). There has been minimal change in the proportion of racial groups since 2000.

Figure 1. Percent Distribution of Youngest and Oldest Age Groups of Residents by Location

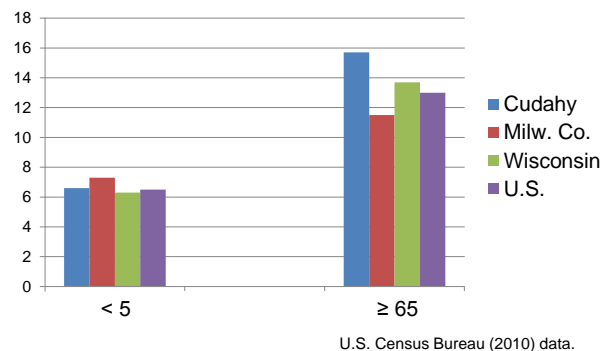
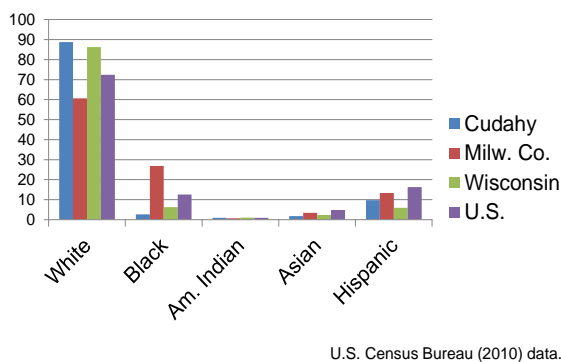


Figure 2. Percent Distribution of Race and Ethnicity by Location



Educational attainment and its relation to poverty. City of Cudahy residents 25 years of age or older were about as likely (87.3%) as other residents in Milwaukee County, Wisconsin, or the U.S. to have attained at least a high school diploma or General Education Diploma (GED) (Census Bureau, American Community Survey, 2013; data not shown). One in five (20.8%) of Cudahy residents 25 years of age or older who were surveyed between 2008 and 2012 and who had not completed high school, were living below the poverty level. They fared worse than individuals with a high school diploma or more advanced education, but somewhat better than their counterparts who lived in Milwaukee County (32.3%), Wisconsin (23.1%), and the U.S. (26.5%).

Economic indicators. The median household income in Cudahy (\$51,781) was slightly less than Wisconsin (\$52,627) and the U.S. (\$53,046), but considerably higher than Milwaukee County (\$43,599) (Census Bureau, American Community Survey, 2013). Cudahy had a somewhat better (i.e., lower) housing unit vacancy rate (7.0%) compared to Milwaukee County (8.2%), and much less than Wisconsin (13.1%), and the U.S. (11.4%) (Census Bureau, 2010).

Another economic indicator is the percent of rental units. The percent of renter-occupied housing units in Cudahy in 2010 was 40.1% (Census Bureau, 2010). That is less than in Milwaukee County (48.7%), but considerably higher than in Wisconsin (31.9%) and the U.S. (34.9%). The median value of owner occupied housing is less in Cudahy than locally, state-wide, and nationally (Figure 3). The median rental unit cost to Cudahy residents (\$750) was about the same as residents in Milwaukee County (\$736) and Wisconsin (\$749), but considerably less than in the U.S. (\$889), overall (Census Bureau, American Community Survey, 2013). Although racial/ethnic minorities comprise a small percent of the population, minority families are much more likely to live in poverty (Figure 4).

Figure 3. Economic Housing Indicator:
Median Value (\$) of Owner Occupied Units

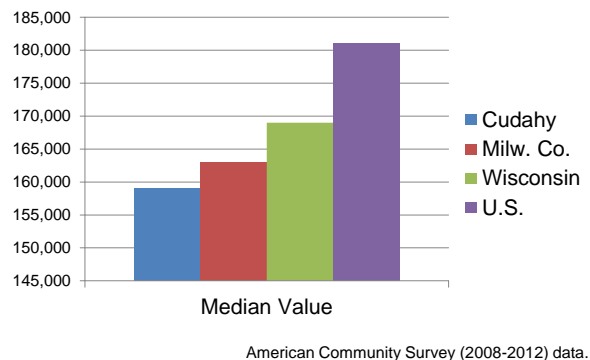
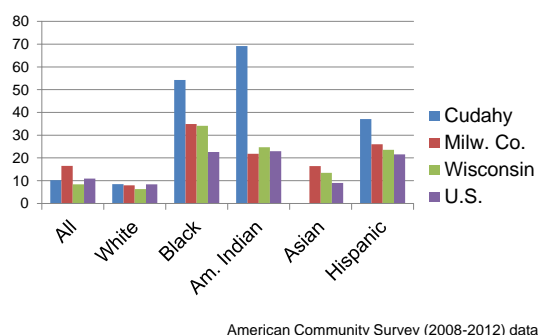


Figure 4. Percent of Families below the Poverty Level by Race/Ethnicity and Location



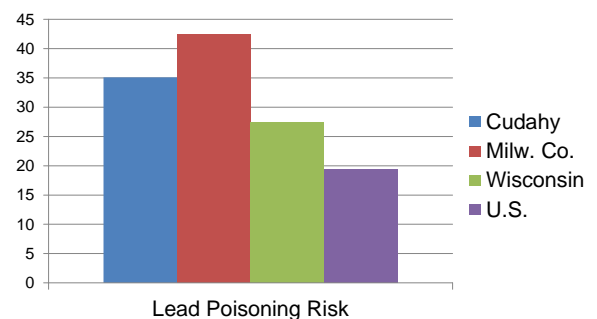
Cudahy has a disproportionate percentage of older housing stock than that of Wisconsin and the U.S. (Figure 5; Census Bureau, American Community Survey, 2013). Housing built before 1950 is more likely to pose a lead paint hazard, depending on the condition of the housing and paint finishes, in particular (Levin et al., 2008). Lead paint surfaces that are flaking or chalking (releasing lead dust) are a serious hazard to young children.

Transportation and communication. Lastly, more than 10% of Cudahy residents have no access to a vehicle, faring worse than people in Wisconsin (7.0%) and the U.S. (9.0%), while better than

Milwaukee County (14.0%) as a whole (Census Bureau, American Community Survey, 2013). More than 98% of Cudahy residents have access to a telephone, similar to the county, state, and nation.

Birth Outcomes. The prevalence of preterm birth (< 37 weeks gestation) and low birth weight (< 2500 grams) in the City of Cudahy, and for Wisconsin, for comparison purposes are reported in Table 1. These data were obtained from the Division of Public Health website: Wisconsin Interactive Statistics on Health. Only birth outcomes are reported by health departments. The

Figure 5. Percent of Pre-1950 Housing Stock:
Lead Poisoning Risk



prevalence of preterm birth was elevated in 2013 in comparison to the state level data for unknown reasons.

Table 1. Prevalence (%) of Preterm Birth and Low Birth Weight, City of Cudahy and Wisconsin						
	2011		2012		2013	
	Cudahy	WI	Cudahy	WI	Cudahy	WI
Preterm, < 37 weeks	9.1	10.1	9.4	10.2	12.2	10.0
Low birth weight, < 2500 g.	7.1	7.2	5.8	7.2	6.8	7.0

Prenatal Care Cudahy Program (E.S. 1,3,7, 9)

The number of births for the City of Cudahy varied over the three year reporting period as did the male-female ratios. The average recorded estimated gestational age was slightly more than 38 weeks. Multiple sets of twins were born during each of the three years. The death recorded in 2013 was attributed to a preterm birth. In 2013, the health department was provided data on the average age of Cudahy women who gave birth, as well as women 19 years of age or younger who gave birth. WIC participation remained consistent over the three year reporting period, providing evidence that women of Cudahy utilize this nutrition program for education and supplemental food supplies. A large decrease was noted in 2013 regarding breastfeeding as the preferred method of feeding at the time of hospital discharge. No information was provided on the reason for this sharp decline.

Each infant born to a Cudahy resident receives a “Welcome Baby” letter from the Health Department. This letter contains information on immunization, infant safe sleep practices, community support services for the new family, identifying lead hazards, prevention measures for Shaken Baby Syndrome, and resources for the new mother regarding postpartum depression. Also included in the letter is a coupon redeemable at the health department for a hand crafted baby blanket and hat created by volunteers and baby’s first book available at the Cudahy Family Library.

Table 2. Prenatal and Birth Outcomes, City of Cudahy			
	2011	2012	2013
Births per Year, frequency	197	223	205
Females	92	113	101
Males	105	110	104
Male: Female Ratio	1.14	0.97	1.03
Breastfed on Discharge, frequency (started 2011)	141	164	99
Breastfeeding Prevalence (%)	71.6	73.5	48.3
Infant Death, frequency			1
Gestation in Weeks, annual average	38.61	38.82	38.21
Mother's Age, average (started 2013)			27.9
Teenage Mothers ≤ 19, frequency (started 2013)			12
Twins per Year	4	4	5
Birth Weight, annual average in lbs.	7.34	7.34	7.27
WIC Participants (started 2011)	76	94	85
WIC Participation (%)	38.6	42.2	41.5

Nurse of the Day Information & Referral (E.S.2,3,7)

The nurse of the day is responsible for managing walk-in clients and phone calls that require nursing assessments and interventions. Public health nurses provide answers to health related questions, direct callers to health resources, and make referrals each day during business hours. Such information and referral is often the first point of contact with clients; it is one of the most visible services provided. Typical nurse of the day activities may include obtaining information and providing education and resources for animal bites, environmental complaints, illness complaints/health concerns, blood pressure checks, immunization records, access to care issues, and much more.

Women, Infants & Children Project (E.S. 1,3,4,7)

The Cudahy Health Department has been the fiscal agent for the Cudahy WIC Project since 2006 and continues to provide WIC services to our community and some of the surrounding municipalities as well.

WIC is a program to prevent nutrition-related health problems and to improve the health status of low-income, at-risk pregnant/breastfeeding women, infants, and children. During 2013, the Cudahy Health Department began an evaluation of the management and sustainability as the fiscal agent for the Cudahy WIC project. Due to continued concern on the appropriation of funds from Congress, the health department and Mayor began investigating potential changes to the Cudahy WIC Program that will allow this program to remain viable for the community, and all of the WIC clients serviced by the Cudahy Health Department.

Communicable Disease Surveillance and Control (E.S. 1,2,3,6)

Wisconsin State Statute 252.03 states that a local health department “upon the appearance of any communicable disease in his or her territory shall immediately investigate all circumstances and do what is reasonable for the prevention and suppression of disease.” Chapter DHS 145 lists 80 reportable diseases in the State of Wisconsin.

Increases in the number of communicable disease investigations were seen in 2012 and sustained in 2013. This is attributed to the pertussis outbreak seen in Wisconsin in 2012, continuing into 2013 as well as changes in influenza reporting in 2013.

The following table demonstrates investigated reportable communicable diseases for the years of 2011, 2012, and 2013. Chlamydia continues to be the most reported communicable disease as in previous years, reflecting trends in the county, state and nation. Of special note are the measles investigations. All 4 individuals were reported to the Cudahy Health Department by the Southeastern Regional Office of Health and were identified as contacts to a case of measles in another community. Public health nurses investigated the type of exposure and client’s immunity status, monitored the client for symptoms, provided education, and when necessary, proper immunization. None of these 4 contacts resulted in measles infection.

There was one active case of tuberculosis (TB), which was identified in another municipality, but changed jurisdiction to Cudahy. The contact investigation occurred in the previous jurisdiction and did not identify other Cudahy residents as contacts to the case. The client received the majority of his medication treatment, direct observed therapy, case management, and completion of care in Cudahy. There were 4 suspected cases of TB. One of these individuals had a positive urine test after receiving Bacillus Calmette Guérin (BCG). BCG is a vaccine derived from a strain of attenuated bovine tuberculosis. It is given in some countries for the prevention of disseminated tuberculosis in infants, and has also recently been used for the treatment of bladder cancer. This client was not diagnosed with tuberculosis, but investigation into the cause of the reported test results and patient education was required. The three other suspect TB cases were reported to the health department for symptoms of tuberculosis and suspicious initial chest x- ray reports.

With further medical testing they were diagnosed with other chronic medical conditions. Eleven cases of mycobacterium other than tuberculosis (MOTT) were reported. MOTT infections are due to a bacterium in the mycobacterium family but are not infectious from person to person.

Table 3. Investigated Communicable Diseases, City of Cudahy				
Diseases	2011	2012	2013	Total of years
Campylobacter	0	2	6	8
Chlamydia	63	66	66	195
E Coli	1	0	5	6
Giardia	0	2	3	5
Gonorrhea	10	10	12	32
H1N1(influenza)	4	0	0	4
Hepatitis B	4	4	0	8
Hepatitis C	13	20	11	44
Influenza (other than H₁N₁)	4	1	26	31
Kawasaki	0	0	1	1
Lyme	5	4	7	16
Measles	3	1	0	4
Meningitis	1	3	1	5
Pertussis	2	34	21	57
Salmonella	2	0	3	5
Shigella	0	1	2	3
Streptococcal (invasive)	5	9	8	22
Tuberculosis (all)	8	18	10	36
Active disease	0	1	0	1
Suspect	0	3	1	4
Latent infection	4	9	7	20
MOTT (mycobacterium other than Tuberculosis)	4	5	2	11
Varicella	3	7	3	13
West Nile Virus	0	1	0	1

Immunization Clinics (E.S. 1,3)

The Cudahy Health Department Immunization clinics are held on the second Tuesday of every month from 2-4 PM. Clients not covered by BadgerCare are charged \$15.00 per clinic visit based on their ability to pay. Vaccine administration is not withheld if this charge is a burden for the family. BadgerCare is billed for each vaccine provided as well as an administration charge. Through the Vaccine for Children program, the CHD is able to administer vaccine to children that are 18 years of age and younger, have no insurance, are on BadgerCare, are Native American or Alaska Natives. Beginning October 1, 2012, the CDC informed the Wisconsin Immunization Program that vaccine funded through Public Health Service Act Section 317 (PHSAS 317) could not be administered to individuals that had private insurance that covered vaccines. The primary focus of the PHSAS 317 funded vaccines would now be for individuals that are underinsured (i.e., an individual who has health insurance but the coverage does not include vaccines or a person whose insurance covers only select vaccines). This policy change impacted our clinic attendance as evident by the drop in clients with insurance vaccine coverage, and the insured /no vaccine category. An increased number of BadgerCare

clients received their vaccines from their primary care providers, which also resulted in a decrease in our clinic attendance.

Table 4. Immunizations per Insurance Status, Vaccine For Children Program					
YEAR	UNKNOWN Ins status	Insured Vaccine Covered	Badgercare	No Insurance	Insured No vaccine
2011	16 Imms/ 5clients	87 Imms/41 clients	193 Imms/67 Clients	67 Imms/25 Clients	85 Imms/30 Clients
2012	3 Imms/1Client	62 Imms/35 Clients	214 Imms/67 Clients	24 Imms/10 Clients	30 Imms/14 Clients
2013	12 Imms/2 Clients	6 Imms/3 Clients	110 Imms/36 Clients	21 Imms/10 Clients	4 Imms/3 Clients

The Immunization Action Plan (IAP) Grant focuses on raising the immunization rates of children 24 months of age living within our Cudahy Community. Benchmark immunizations for this age include: 4DTaP/3HepatitisB/3HiB/1MMR/3Polio/4Pneumococcal/1Varicella.

The grant objectives direct the health department to contact parents/guardians with information regarding their child's recommended immunizations either by mail or telephone. Enlisting the assistance of the child's primary care provider is also encouraged. Vaccines are then provided by the health department or private provider.



Success of interventions taken by the health department are measured using Wisconsin Immunization Registry (WIR) Benchmark Reporting occurs after all members of the cohort turn 24 months of age with progress towards reaching 90% over subsequent years of grant participation.

Table 5. Immunization Rates for IAP Grant, City of Cudahy		
Year of Birth	Year Turn 24 months	Benchmark % Criteria Met
2009	2011	70%
2010	2012	67%
2011	2013	73%

Due to staffing changes in 2012, the IAP Grant went through a transition; therefore, the benchmark percentage dropped 3 points from the previous year. In 2013, the percent of 24 month children who met all benchmark criteria had increased by 6%.

The Cudahy Health Department contracts with Wheaton Franciscan Home Health Services for the delivery of our community influenza ('flu') clinic located in the Cudahy Common Council chambers. Working collaboratively with the assistance of Cudahy volunteers, influenza vaccine is provided to our community members. Additionally, food for *Project Concern* was collected from participants.

Table 6. Number of Flu Vaccines Administered	
Year	No. Flu Vaccines Administered
2011	112
2012	73
2013	75

School District of Cudahy—Public Health Nursing Services (E.S. 1,2,3,4,6,7)

For three years, the School District of Cudahy and the Cudahy Health Department have been operating under an agreement “to provide cost effective school nursing services to the School District of Cudahy as well as further the collaborative relationship that is mutually beneficial to both entities.” A Cudahy Public Health Nurse (PHN-works approximately 20 hours/week during the school year to provide health education and coordinate necessary services that will benefit the School District’s students with special health care needs. In return, the School District-reimburses the Health Department for the PHN’s services in the schools.

The PHN works collaboratively with the school health aides to collect and perform data entry of immunization information into the Wisconsin Immunization Registry. The PHN monitors school immunization compliance. The State mandates 99% immunization compliance by the 40th day of school.

Table 7. School Immunization Compliance (%)		
School Year	School District of Cudahy	St. Paul Evangelical Lutheran School
2011-2012	97.33%	100%
2012-2013	98.91%	99.04%
2013-2014	99.29%	100%

Refugee Health Program (E.S 1,2,3,4,5,6,7)

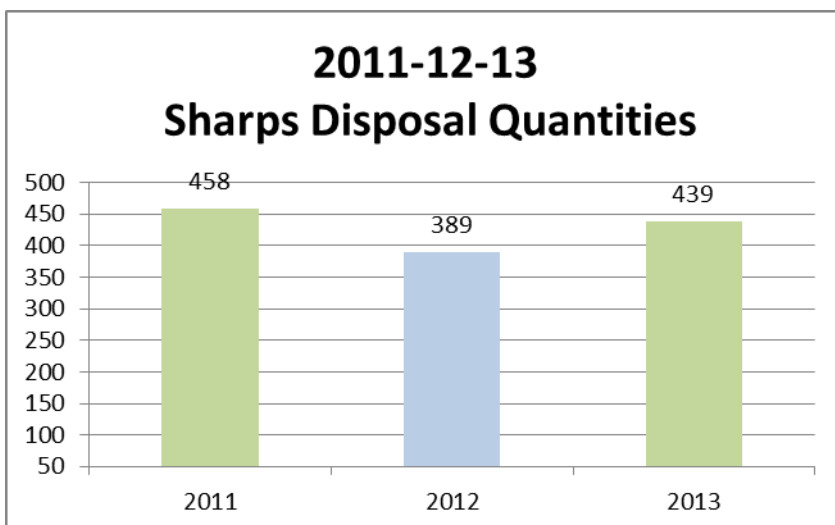
The Cudahy Health Department had the opportunity to serve refugee populations in July of 2012 after a lack of refugee activity (e.g., influx of new refugees) in the community since 2009. From July to September 2012, the department assisted total of 25 refugee clients. This relatively large influx of refugees in the community after a period of no refugee settlement required nursing staff to become reacquainted with the requirements of the refugee health examination, the settlement process, communication between multiple agencies, and billing in a short period of time. Problems with missed or untimely communication between the voluntary resettlement agencies and the local health departments became apparent and were communicated to the state. The Cudahy Health department collaborated with these groups in the spring of 2013 and mapped the settlement and communication process for refugee clients. The collaborative effort and development of procedures clarified agency roles, activities and communication processes, which resulted in enhanced refugee health care coordination.

The Cudahy Health Department served 5 refugee families in 2012, 3 from Somalia, 1 from the Democratic Republic of the Congo and 1 from Iraq. Of these families, two families had initially settled in Milwaukee and had their refugee health examination there. They relocated to Cudahy, so the CHD provided these families the required immunization follow-up. Two of the children required latent tuberculosis infection treatment and case management. Of the families that settled directly in Cudahy, 3 adults required latent tuberculosis infection therapy and public health nursing management, and an entire family required treatment and follow up for Giardia.

Cudahy also welcomed 11 Iraqi refugees, 2 families and one single male in 2013. They had no extraordinary health needs.

Sharps Disposal & Medication Collection Program (E.S. 2,3,4,6)

The CHD continues to dispose of household sharps and syringes for Cudahy residents and medical waste collected by the Cudahy Police Department. The Health Department has been designated as a “Drop-Off Site” by the Wisconsin Department of Natural Resources. Sharps are only accepted in DNR-approved containers during normal Health Department hours. They are sent for incineration with the Health Department’s needles and syringes on a monthly basis.



The Cudahy Police Department houses a locked medication box, where residents can dispose of unused and unwanted medications. This program is essential for keeping these medications off the streets and pharmaceutically active chemicals out of waterways, and ultimately, our municipal drinking water. A total of 643, 411, and 578 pounds of waste were collected for each of the respective reporting years.

Environmental Health Licensing and Inspection Program (E.S. 1,2,6)

For thirteen years, the Cudahy Health Department has been a member of the Environmental Health Consortium with the health departments of South Milwaukee and St. Francis. The Cudahy Health Department is an agent of the state of Wisconsin Department of Health Services and the Department of Agriculture, Trade and Consumer Protection. The Consortium members share Environmental Health Specialists, one full-time and one part-time, who are Registered Sanitarians. One of the Environmental Health Specialists also oversees the Cudahy Weights and Measures program, which ensures the accuracy of scales used to measure food items.

Table 8. Environmental Health Licensing and Inspection Program, City of Cudahy			
	2011	2012	2013
Food related inspections	124	134	104
Food related re-inspections	84	66	60
Farmers Market/Temporary Events	6	4	5

Environmental Health Complaint Investigation (E.S. 2,3,4, 6,7)

The Environmental Health Specialist also investigates environmental health nuisance complaints. These complaints include garbage storage issues, pest activity, indoor and outdoor air quality, and other potential public health hazards.

Table 9. Environmental Health Complaint Investigation, City of Cudahy			
	2011	2012	2013
Nuisance complaint investigations	67	85	70
Animal bite quarantine & rabies prevention	20	29	29
Home investigations of a child with lead poisoning	0	2	0
Scale inspection of businesses (Accurate / Tested)	24/27	25/28	26/28
Timing devices in Laundromats (Accurate / Tested)	62/62	65/66	66/66
Verified Scanners in businesses (Accurate / Tested)	314/325	192/200	388/400

Animal Bites: (E.S. 1,2,4,6,7)

The City had a total of 91 animal bites from 2011-2013 and averaged approximately 32 animal bites per year. A total of 75 (82%) bites were caused by dogs. Five of those dogs were Pit Bulls or Pit Bull mixed species. The rest of the dogs were a variety of breeds. There were also bites from animals such as a bat, skunk and monkey.

The Public Health Nurses continue to work closely with the Cudahy Environmental Health Specialist, the Cudahy Police Department, and the Emergency Department at St. Luke's South Shore Hospital to ensure that the offending animal is quarantined, immunized, and licensed. The CHD also works with the individuals who were bitten to ensure that they seek needed medical care.

Lead Poisoning Prevention (E.S. 1,2,3,7)

With 35.1% of Cudahy housing built prior to 1950 (Census Bureau, American Community Survey, 2013), blood lead poisoning in children is a significant public health risk. In 2011-2013, the total number of lead test results reported for each year was as follows: 473, 411, and 404. The total number of children with a lead level of 5 or above was 23, 18, and 21 for each respective year. In May, 2012, the CDC decreased the level of concern from 10 µg/dL to 5 µg/dL, but state law has not changed accordingly as of the publication of this report. Research shows that elevated blood lead levels in children in the range of 5 to < 10 µg/dL have a steeper decrement in cognitive function than children in the 10-20 µg/dL range. As a result, the CHD has added the additional service of sending a letter home to the parent/guardian to inform them of their child's elevated blood lead level and lead educational materials. The CHD recommends a repeat venous blood level within 3 months as suggested by the Wisconsin Childhood Lead Poisoning & Prevention Program. This letter also offers a lead cleaning kit, the use of a high-efficiency particulate air (HEPA) vacuum and additional lead education provided by a PHN during an office visit or via home visit.

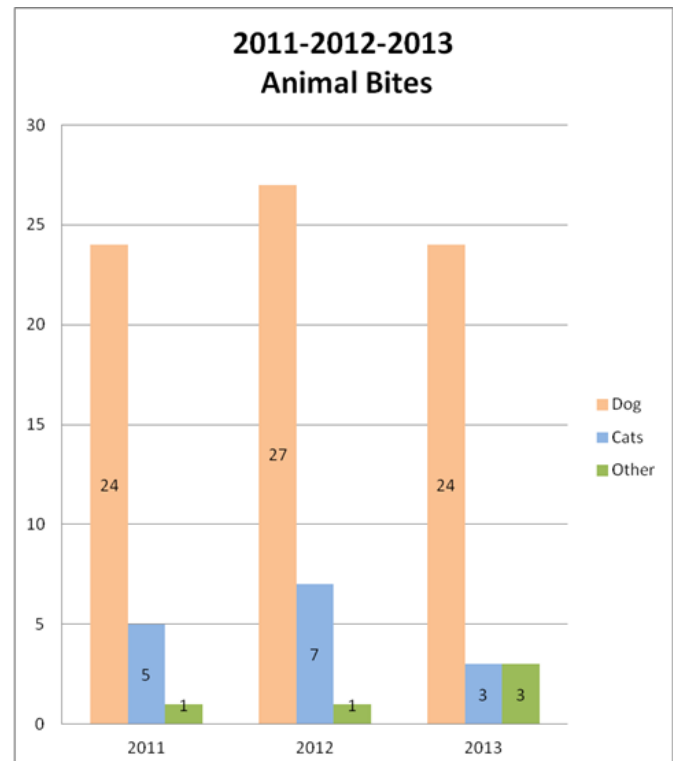


Table 10. Number of Cudahy Children With Elevated Lead Levels			
Lead Level	2011	2012	2013
5 to <10	17	14	17
10 to <15	3	2	1
15 to <20	2	1	2
>20	1	1	1
Total	23	18	21

Public Health Preparedness & Response: (E.S. 1,2,4,5,6,9)

The City of Cudahy Health Department continues to plan, prepare and respond to public health emergencies that occur within the City in collaboration with local and regional partners. The department is a member of the Milwaukee-Waukesha County Consortium for Emergency Public Health Preparedness. Cudahy Health Department also participates in a number of public health preparedness grants including the Cities Readiness Initiative (CRI) and the Public Health Emergency Preparedness (PHEP).

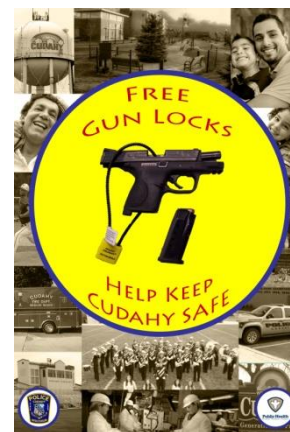
Each of these grant programs have specific negotiated objectives and activities. The CRI grant objectives relate to identifying and opening mass clinics for medication and vaccine delivery. The Cudahy Health Department participated in the Bacillus Anthracis Threat 2013 (BAT 13) table top exercise to practice communication skills needed to organize a mass clinic. The Cudahy Health Department volunteered to be on the design team for BAT functional exercise in 2014. The PHEP grant focuses on general areas of public health preparedness using an all-hazards approach with training on use of personal protective equipment, applications of National Incident Management System, etc.

A new preparedness outreach partnership was created in 2013 by partnering with the Cudahy Neighborhood Block Watch (CNBW). The CNBW, is a group of concerned citizens, community leaders and the Cudahy Police Department, and has been active in the Cudahy community for 10 years promoting safety and community awareness. The Cudahy Health Department participates in the CNBW meetings to address any public health preparedness concerns that arise. Also, in 2013 the health department presented emergency preparedness curriculum twice to more than 40 block watch participants.

Safety and Injury Prevention (E.S. 3,4)

A member of the Cudahy Health Department team is a certified Child Passenger Safety Seat Technician, through Safe Kids of Southeast Wisconsin Coalition. The total numbers of seats distributed were 87, 99, and 58 for the respective years of this report. This service was provided to surrounding communities prior to 2013. However, the program became available to only Cudahy residents in 2013. This change accounts for the decreased number of seats distributed in 2013. Approximately a total of 200 car seat checks were performed in 2011-2012, while 100 were performed in 2013. Again, this decrease is reflective of the program changes.

In partnership with the Cudahy Police Department, the Cudahy Health Department distributed 200 gunlocks to Cudahy residents in 2013. The Gunlocks were received from the Kenosha County Division of Health through a grant from the Charles E. Kubly Foundation.



The Cudahy Health Department partnered with the Cudahy Police Department at the Cudahy National Night Out to hold a bicycle helmet fitting event. Working together, a total of 200 free bicycle helmets were sized and fitted to children 3 years of age and older. Parents were instructed on how to properly fit and use the helmet. Bicycle safety information was also shared.

October is National Fire Prevention month. On a designated day, families in Cudahy who order a pizza from Pizza Hut receive a visit from Cudahy firefighters in a fire truck. The firefighters teach the family about fire safety and evacuation plans. If the family's smoke detector is in working order, the family's pizza is free. This program is done in collaboration with the Cudahy Health Department, the Cudahy Fire Department, and the organization, Safe Kids of Southeastern Wisconsin. This program has occurred for a number of years.

Healthiest Cudahy Coalition: (E.S. 1,3,4,5)

In collaboration with the Cudahy community, the Cudahy Health Department formed the Healthiest Cudahy Coalition in July 2013. The purposes for creating the Coalition were to evaluate the Cudahy Community Health Assessment, provide input into the Cudahy Community Health Improvement Plan and engage the community for change. The Coalition contains 96 members including elected officials, municipal departments, area businesses, non-profit organizations, and Cudahy residents. In 2013, the Coalition hosted two kick-off /informational meetings on July 25th and October 11th.

In addition to the kick off meetings, the Coalition held its first quarterly meetings on December 4th and 5th. The quarterly meeting was held twice, once in the evening and once in the morning to accommodate members' schedules.



Public Health Preceptorship Program (E.S. 4,8)

The Health Department continued an active mentoring program in public health and hosted multiple students during this three year period. The students came from a variety of institutions including Cardinal Stritch, Carroll University, Marquette University, and UW-Milwaukee. The students were working towards different degrees including BSN Completion, BSN and Bachelors of Science in Public Health. They assisted in a variety of projects including public health nursing, community health assessment and emergency preparedness.